

SERFF Tracking Number: ASWX-G126812073 State: Arkansas
 Filing Company: Time Insurance Company State Tracking Number: 46776
 Company Tracking Number: AR01284FI00039
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other
 Product Name: Time Insurance Health Care Reform Filings
 Project Name/Number: Time Insurance Health Care Reform Filings/AR01284FI00039

Filing at a Glance

Company: Time Insurance Company

Product Name: Time Insurance Health Care Reform Filings

TOI: H16G Group Health - Major Medical

Sub-TOI: H16G.001C Any Size Group - Other
 Filing Type: Form

SERFF Tr Num: ASWX-G126812073

SERFF Status: Closed-Approved-Closed

Co Tr Num: AR01284FI00039

Author: SPI

AssurantHealthandEmployeeBenef

Date Submitted: 09/13/2010

State: Arkansas

State Tr Num: 46776

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 09/27/2010

Disposition Status: Approved-Closed

Implementation Date Requested: 09/23/2010

Implementation Date:

State Filing Description:

General Information

Project Name: Time Insurance Health Care Reform Filings

Project Number: AR01284FI00039

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 09/27/2010

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type:

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 09/27/2010

Created By: SPI

AssurantHealthandEmployeeBenef

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: SPI AssurantHealthandEmployeeBenef

PPACA: Grandfathered Immed Mkt Reforms, Non-Grandfathered Immed Mkt Reforms

Filing Description:

Re: Time Insurance Company (NAIC #: 69477; FEIN: 39-0658730)

PPACA Group Market Grandfathered Plan Endorsement Rider 29805.XX

PPACA Group Market Non-Grandfathered Plan Endorsement Rider 29807.XX

SERFF Filing No.:

Dear Sir/Madam:

SERFF Tracking Number: ASWX-G126812073 State: Arkansas
Filing Company: Time Insurance Company State Tracking Number: 46776
Company Tracking Number: AR01284FI00039
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other
Product Name: Time Insurance Health Care Reform Filings
Project Name/Number: Time Insurance Health Care Reform Filings/AR01284FI00039

The above-referenced forms are submitted for your review and approval. These forms are new and do not replace any form currently on file with your department.

These forms are being filed on a general-use basis due to the passage of the Patient Protection and Affordable Health Care Act (PPACA). No other product changes have been made via this rider. Form 29805.XX will be used for existing Grandfathered plans in the small group market. Form 29807.XX will be used with plans effective 3/24/2010 (non-grandfathered plans) or later in the small group market. Form 29805.XX and 29807.XX contain variability driven by the need to print values that govern the benefit adjudication process without completely restructuring previously approved form language. In addition to printing on the endorsement rider, the approved benefit level changes may also be incorporated into forms when issued, as stated in the rider's Filer's Notes.

These forms are subject only to minor modifications in paper size, stock, layout, format, company logo and printing specifications of the document upon issue. Please see the enclosed Statement of Variability for additional information on form adaptability.

Thank you in advance for your time and attention to this filing. Should you have any questions, or require additional information, please contact me at any of the numbers listed below.

Best Regards,

Senior Contract Compliance Analyst
Legal Department
christine.fleming@assurant.com
T 414.299.1306 or 800.800.1212 ext. 1306
F 414.299.6168

Company and Contact

Filing Contact Information

Christine Fleming, Senior Contract Compliance Analyst christine.fleming@assurant.com
501 W. Michigan St. 414-299-1306 [Phone] 1306 [Ext]
Milwaukee, WI 53203 414-299-6168 [FAX]

Filing Company Information

Time Insurance Company CoCode: 69477 State of Domicile: Wisconsin
501 W. Michigan St. Group Code: 19 Company Type:

SERFF Tracking Number: ASWX-G126812073 State: Arkansas
 Filing Company: Time Insurance Company State Tracking Number: 46776
 Company Tracking Number: AR01284FI00039
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other
 Product Name: Time Insurance Health Care Reform Filings
 Project Name/Number: Time Insurance Health Care Reform Filings/AR01284FI00039
 Milwaukee, WI 53203 Group Name: State ID Number:
 (800) 800-1212 ext. [Phone] FEIN Number: 39-0658730

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Time Insurance Company	\$0.00	09/13/2010	
Time Insurance Company	\$100.00	09/13/2010	39467332

SERFF Tracking Number:	ASWX-G126812073	State:	Arkansas
Filing Company:	Time Insurance Company	State Tracking Number:	46776
Company Tracking Number:	AR01284FI00039		
TOI:	H16G Group Health - Major Medical	Sub-TOI:	H16G.001C Any Size Group - Other
Product Name:	Time Insurance Health Care Reform Filings		
Project Name/Number:	Time Insurance Health Care Reform Filings/AR01284FI00039		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/27/2010	09/27/2010

<i>SERFF Tracking Number:</i>	<i>ASWX-G126812073</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Time Insurance Company</i>	<i>State Tracking Number:</i>	<i>46776</i>
<i>Company Tracking Number:</i>	<i>AR01284FI00039</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.001C Any Size Group - Other</i>
<i>Product Name:</i>	<i>Time Insurance Health Care Reform Filings</i>		
<i>Project Name/Number:</i>	<i>Time Insurance Health Care Reform Filings/AR01284FI00039</i>		

Disposition

Disposition Date: 09/27/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>ASWX-G126812073</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Time Insurance Company</i>	<i>State Tracking Number:</i>	<i>46776</i>
<i>Company Tracking Number:</i>	<i>AR01284FI00039</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.001C Any Size Group - Other</i>
<i>Product Name:</i>	<i>Time Insurance Health Care Reform Filings</i>		
<i>Project Name/Number:</i>	<i>Time Insurance Health Care Reform Filings/AR01284FI00039</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Cover Letter	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Variability Statement	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Form	PPACA Endorsement (GF)	Approved-Closed	Yes
Form	PPACA Endorsement (NGF)	Approved-Closed	Yes

SERFF Tracking Number: ASWX-G126812073 State: Arkansas

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Product Name: Time Insurance Health Care Reform Filings

Project Name/Number: Time Insurance Health Care Reform Filings/AR01284FI00039

Form Schedule

Lead Form Number: 29805.XX

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 09/27/2010	29805.XX	Other	PPACA Endorsement (GF)	Initial		41.440	29805_XX GM PPACA TIC Trust Grandfathered Endorsement. PDF
Approved-Closed 09/27/2010	29807.XX	Other	PPACA Endorsement (NGF)	Initial		41.440	29807_XX GM PPACA TIC Trust Non-Grandfathered Endorsement v_ 8-13- 2010.PDF

PPACA ENDORSEMENT RIDER

Due to the passage of the Patient Protection and Affordable Health Care Act (PPACA), also known as health care reform legislation, Your plan will now include certain PPACA provisions not reflected in Your plan contract. Notwithstanding anything in the Certificate to the contrary, the following provisions apply to the terms of the Certificate to which this rider is attached. In addition, the standards identified below are minimum standards and any coverage in excess of the standards identified below that is required by applicable state law or according to the Certificate terms that existed prior to the Endorsement Date of this rider remains in effect.

As used in this rider, "You" and "Your" means the Certificate Holder of the Certificate to which this rider is attached.

"PPACA" means the Patient Protection and Affordable Care Act as amended by the Health Care and Education Reconciliation Act of 2010 and applicable federal rules or regulations adopted in regard to such acts.

"Essential health benefits" means benefits consistent with those set forth in PPACA in the following categories: ambulatory patient services, hospitalization, emergency services, maternity and newborn care, mental health and substance use disorder services (including behavioral health treatment), prescription drugs, rehabilitative and habilitative services and devices, laboratory services, Preventive Benefits and chronic disease management and pediatric services, including oral and vision care.

1. Lifetime Maximum Benefit Amounts:

Maximum lifetime benefit limits referenced pertain only to those health care services and supplies that are not essential health benefits. [If your Certificate references an overall lifetime benefit maximum limitation, that lifetime maximum dollar amount is amended and restated as NO MAX.]

2. Rescission of Coverage:

Your coverage cannot be rescinded except when You have performed an act or practice that constitutes fraud or intentional misrepresentation of material fact.

3. Dependent Eligibility:

If Your plan allows the addition of Dependents, a Dependent child is eligible for coverage up to attainment of 26 years of age, regardless of marital or student status, financial dependency, or residency requirements. [However, a Dependent child will not be eligible for Dependent coverage past the date he or she becomes eligible to enroll in an employer sponsored health plan other than a health plan of a parent.] If Your Certificate allows for Dependent eligibility for enrollees age 26 and older, such provisions remain in effect subject to the plan terms and conditions for such eligibility.

This plan does not provide coverage for any spouse or child(ren) of an eligible Dependent child, except if required by state law.

4. Calendar Year Maximum Benefit Amounts:

Any calendar year maximum benefit dollar limits referenced pertain only to those health care services and supplies that are not essential health benefits.

5. Pre-Existing Condition Limitations Waived for Covered Children:

Any pre-existing conditions limitation does not apply to covered persons under 19 years of age.

[6. The following changes are made to maximum benefit limitations that may appear on Your Benefit [Summary] [Schedule] regarding essential health benefits. {FILER'S NOTE: These changes may be incorporated directly into the output of the Insured's previously approved form at time of printing.}

[The Maximum Lifetime Benefit is amended and restated as:

[[MAXIMUM] LIFETIME BENEFIT [for each Covered Person]	[NO MAXIMUM][NO MAX]]]
--	---------------------------

Nothing in this rider will be held to vary, alter, waive or extend any of the terms, conditions, agreements or limitations of the Certificate, other than as stated above.

This rider is effective on the Effective Date of the Certificate to which it is attached[, or the Endorsement Date if later].

[Endorsement Date: [xx/xx/xxxx]]

[insert signature]
Secretary

[insert signature]
President

PPACA ENDORSEMENT RIDER

Due to the passage of the Patient Protection and Affordable Health Care Act (PPACA), also known as health care reform legislation, Your plan will now include certain PPACA provisions not reflected in Your plan contract. Notwithstanding anything in the Certificate to the contrary, the following provisions apply to the terms of the Certificate to which this rider is attached. In addition, the standards identified below are minimum standards and any coverage in excess of the standards identified below that is required by applicable state law or according to the Certificate terms that existed prior to the Endorsement Date of this rider remains in effect.

As used in this rider, "You" and "Your" means the Certificate Holder of the Certificate to which this rider is attached.

"PPACA" means the Patient Protection and Affordable Care Act as amended by the Health Care and Education Reconciliation Act of 2010 and applicable federal rules or regulations adopted in regard to such acts.

"Emergency medical condition" means a medical condition that manifests itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in 1) placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; 2) serious impairment of bodily functions; or 3) serious dysfunction of any bodily organ or part.

"Emergency services" means, with respect to an emergency medical condition: transportation services (such as ambulance services) and covered inpatient and outpatient hospital services furnished by a provider qualified to furnish those services that are needed to evaluate or stabilize an emergency medical condition.

"Stabilize" means, with respect to an emergency medical condition: to provide such medical treatment of the condition as may be necessary to assure, within reasonable medical probability, that no material deterioration of the condition is likely to result from or occur during the transfer of the individual from a facility (or, with respect to a pregnant woman, to deliver, including the placenta).

"Essential health benefits" means benefits consistent with those set forth in PPACA in the following categories: ambulatory patient services, hospitalization, emergency services, maternity and newborn care, mental health and substance use disorder services (including behavioral health treatment), prescription drugs, rehabilitative and habilitative services and devices, laboratory services, Preventive Benefits and chronic disease management and pediatric services, including oral and vision care.

1. Lifetime Maximum Benefit Amounts:

Maximum lifetime benefit limits referenced pertain only to those health care services and supplies that are not essential health benefits. [If your Certificate references an overall lifetime benefit maximum limitation, that lifetime maximum dollar amount is amended and restated as NO MAX.]

2. Rescission of Coverage:

Your coverage cannot be rescinded except when You have performed an act or practice that constitutes fraud or intentional misrepresentation of material fact.

3. Dependent Eligibility:

If Your plan allows the addition of Dependents, a Dependent child is eligible for coverage up to attainment of 26 years of age, regardless of marital or student status, financial dependency, or residency requirements. If Your Certificate allows for Dependent eligibility for enrollees age 26 and older, such provisions remain in effect subject to the plan terms and conditions for such eligibility.

This plan does not provide coverage for any spouse or child(ren) of an eligible Dependent child, except if required by state law.

4. Calendar Year Maximum Benefit Amounts:

Any calendar year maximum benefit dollar limits referenced pertain only to those health care services and supplies that are not essential health benefits. [If your Certificate references a calendar year maximum benefit dollar limit for an essential health benefit, that calendar year maximum benefit dollar limit is amended and restated as [NO MAX][NO MAXIMUM][insert dollar amount here as defined by HHS as reasonable limit].]

5. Pre-Existing Condition Limitations Waived for Covered Children:

Any pre-existing conditions limitation does not apply to covered persons under 19 years of age.

6. Preventive Benefits:

The PPACA specifies coverage requirements for preventive benefits [when a [Participating Provider][network provider] provides the preventive services]. Cost-sharing requirements, such as Your responsibility for paying deductibles, coinsurance and co-payments, will not be required for these preventive benefits [when You use a [Participating Provider][network provider]]. Such coverage includes preventive benefits for the following:

- (a) evidence-based items or services that have, in effect, a rating of 'A' or 'B' in the current recommendations of the United States Preventive Services Task Force, and with respect to women, such additional preventive care and screenings as provided for in comprehensive guidelines supported by the Health Resources and Services Administration;
- (b) immunizations that have, in effect, a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention; and

- (c) with respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration.

[Benefits for such preventive services will be provided for policy years that begin on or after the date that is one year after the date the recommendation or guideline is issued.]

You will still be responsible for any amount that exceeds the Maximum Allowable Amount or Covered Charge as defined in Your plan. [Preventive benefits are available only when You use a [Participating Provider][network provider]].

7. Appeal Rights:

You may appeal any coverage or claim determination made by Us to deny, reduce, or terminate the provision or payment for health care services under Your plan. When we have made an adverse claim determination based on a judgment as to Medical Necessity, appropriateness, health care setting, level of care, or effectiveness of the health care service, You have the right to have Our decision reviewed by an independent review organization external to Us. A request for an external independent review must be submitted within 4 months from the date You received notice of the adverse determination through Our internal appeal process. Except when a covered person's life or health would be seriously jeopardized, You must first exhaust Our internal appeal process before we will grant Your request for an external independent review. Appeals must be submitted in accordance with Our appeal policy and required timeframes, as set forth in Your plan documents.

8. Primary Care Providers:

Primary care providers include pediatricians, obstetricians and gynecologists.

9. Emergency Services:

Covered emergency services will be provided without the requirement for prior authorization[, without regard to whether the provider is a [Participating Provider][network provider], and without imposing upon services provided out-of-network any requirement or limitation on coverage more restrictive than [Participating Provider][in-network] requirements or limitations].

[Any copayment amount or coinsurance rate for emergency services provided out-of-network cannot exceed the [Participating Provider][in-network] copayment amount and coinsurance rate.]

Other applicable plan provisions still apply to Emergency Services, including but not limited to those relating to cost-sharing, exclusions, coordination of benefits, [Maximum Allowable Amount limitations][and][reasonable and customary charge reductions] and affiliation or waiting periods.

[10. The following changes are made to maximum benefit limitations that may appear on Your Benefit [Summary] [Schedule] regarding essential health benefits. {FILER'S NOTE: These changes may be incorporated directly into the output of the Insured's previously approved form at time of printing.}

[The Maximum Lifetime Benefit is amended and restated as:

[[MAXIMUM] LIFETIME BENEFIT [for each Covered Person]	[NO MAXIMUM][NO MAX]]]
--	---------------------------

Nothing in this rider will be held to vary, alter, waive or extend any of the terms, conditions, agreements or limitations of the Certificate, other than as stated above.

This rider is effective on the Effective Date of the Certificate to which it is attached[, or the Endorsement Date if later].

[Endorsement Date: [xx/xx/xxxx]]

[insert signature]
Secretary

[insert signature]
President

SERFF Tracking Number: ASWX-G126812073 State: Arkansas
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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Cover Letter Comments: Attachment: GM PPACA TIC Trust Cover Letter.PDF	Approved-Closed	09/27/2010

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: n/a Comments:	Approved-Closed	09/27/2010

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: AR - READABILITY CERTIFICATION.PDF	Approved-Closed	09/27/2010

	Item Status:	Status Date:
Satisfied - Item: Variability Statement Comments: Attachment: GM PPACA TIC Trust Variability Statement v_8-13-2010.PDF	Approved-Closed	09/27/2010

	Item Status:	Status Date:
Satisfied - Item: PPACA Uniform Compliance Summary Comments:	Approved-Closed	09/27/2010

<i>SERFF Tracking Number:</i>	<i>ASWX-G126812073</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Time Insurance Company</i>	<i>State Tracking Number:</i>	<i>46776</i>
<i>Company Tracking Number:</i>	<i>AR01284FI00039</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.001C Any Size Group - Other</i>
<i>Product Name:</i>	<i>Time Insurance Health Care Reform Filings</i>		
<i>Project Name/Number:</i>	<i>Time Insurance Health Care Reform Filings/AR01284FI00039</i>		

Attachment:

AR - PPACA UNIFORM COMPL SUMMARY.PDF



ASSURANT
Health

501 West Michigan
P.O. Box 3050
Milwaukee, WI 53201-3050
T 800.800.1212

September 13, 2010

www.assurant.com

Arkansas Department of Insurance
1200 W Third Street
Little Rock, AR 72201

Re: **Time Insurance Company (NAIC #: 69477; FEIN: 39-0658730)**

PPACA Group Market Grandfathered Plan Endorsement Rider 29805.XX

PPACA Group Market Non-Grandfathered Plan Endorsement Rider 29807.XX

SERFF Filing No.:

Dear Sir/Madam:

The above-referenced forms are submitted for your review and approval. These forms are new and do not replace any form currently on file with your department.

These forms are being filed on a general-use basis due to the passage of the Patient Protection and Affordable Health Care Act (PPACA). No other product changes have been made via this rider. Form 29805.XX will be used for existing Grandfathered plans in the small group market. Form 29807.XX will be used with plans effective 3/24/2010 (non-grandfathered plans) or later in the small group market. Form 29805.XX and 29807.XX contain variability driven by the need to print values that govern the benefit adjudication process without completely restructuring previously approved form language. In addition to printing on the endorsement rider, the approved benefit level changes may also be incorporated into forms when issued, as stated in the rider's Filer's Notes.

These forms are subject only to minor modifications in paper size, stock, layout, format, company logo and printing specifications of the document upon issue. Please see the enclosed Statement of Variability for additional information on form adaptability.

Thank you in advance for your time and attention to this filing. Should you have any questions, or require additional information, please contact me at any of the numbers listed below.

Best Regards,

A handwritten signature in black ink that reads "Christine K. Fleming". The signature is written in a cursive style with a large, stylized "C" and "F".

Senior Contract Compliance Analyst

Legal Department

christine.fleming@assurant.com

T 414.299.1306 or 800.800.1212 ext. 1306

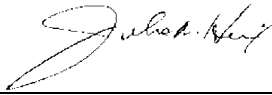
F 414.299.6168

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Time Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
29805.XX	41.44
29807.XX	41.44

Signed: 
Name: Julia M. Hix
Title: VP Regulatory Compliance& AH Compliance Officer
Date: _____



ASSURANT
Health

501 West Michigan
P.O. Box 3050
Milwaukee, WI 53201-3050
T 800.800.1212

www.assurant.com

STATEMENT OF VARIABILITY

The variable and adaptable items in the form(s) have been bracketed to provide items which customarily vary according to the insured's specific plan of insurance, helping to alleviate any ambiguity on the part of the customers as to what is covered and how it is covered.

Since these Riders are filed for general use, the variability and terminology has been designed to accommodate use with various forms by incorporating variable terms.

We also reserve the right to amend the form(s) to correct any minor clerical or typographical errors we may have overlooked prior to approval, and to revise any phraseology to clarify the intent within the confines of the law.

29805.XX (Grandfathered Endorsement) Detailed Explanation of Variability

- Time Insurance Company
[501 West Michigan St.
Milwaukee, WI 53203]

Explanation: Time Insurance Company's current address will print.

- **1. Lifetime Maximum Benefit Amounts:**
[If Your Certificate references an overall lifetime benefit maximum limitation, that lifetime maximum dollar amount is amended and restated as NO MAX.]

Explanation: This language may be used with a plan to illustrate removal of the lifetime maximum. These changes may be incorporated directly into the output of the Insured's previously approved form at time of printing.

- **3. Dependent Eligibility:**
[However, a Dependent child will not be eligible for Dependent coverage past the date he or she becomes eligible to enroll in an employer sponsored health plan other than a health plan of a parent.]

Explanation: This language prints when the plan places a restriction on dependent eligibility when the child is otherwise eligible to enroll as a primary insured.

- [6. The following changes are made to maximum benefit limitations that may appear on Your Benefit [Summary] [Schedule] regarding essential health benefits.

[The Maximum Lifetime Benefit is amended and restated as:

[[MAXIMUM] LIFETIME BENEFIT [for each Covered Person]	[NO MAXIMUM][NO MAX]]]
--	--

Explanation: The appropriate language may be used with a corresponding plan to illustrate removal of the lifetime maximum. "Maximum" may be placed to reference "Maximum Lifetime Benefit" or "Lifetime Maximum Benefit" in accordance with existing plan language. Either "Summary" or "Schedule" will print depending upon the plan document.

Please note that the FILER'S NOTE text will not print in the final version issued to insureds.

- This rider is effective on the Effective Date of the Certificate to which it is attached[, or the Endorsement Date if later].

[Endorsement Date: [xx/xx/xxxx]]

Explanation: The variable phrases prints on transitional plans as the PPACA requirements will be effective 1/1/2011, not the plan's Effective Date.

- [insert signature]
Secretary

Explanation: The current Secretary's signature will print.

- [insert signature]
President

Explanation: The current President's signature will print.

29807.XX (Non-Grandfathered Endorsement) Detailed Explanation of Variability

- Time Insurance Company
[501 West Michigan St.
Milwaukee, WI 53203]

Explanation: Time Insurance Company's current address will print.

- **1. Lifetime Maximum Benefit Amounts:**
[If Your Certificate references an overall lifetime benefit maximum limitation, that lifetime maximum dollar amount is amended and restated as NO MAX.]

Explanation: This language may be used with a plan to illustrate removal of the lifetime maximum. These changes may be incorporated directly into the output of the Insured's previously approved form at time of printing.

- **4. Calendar Year Maximum Benefit Amounts:**
[If your Certificate references a calendar year maximum benefit dollar limit for an essential health benefit, that calendar year maximum benefit dollar limit is amended and restated as [NO MAX][NO MAXIMUM][insert dollar amount here as defined by HHS as reasonable limit].]

Explanation: This language may be used with plans to illustrate removal of additional calendar year maximum. "NO MAX" or "NO MAXIMUM" or a dollar amount as defined by HHS as reasonable limit prints based on the plan document. These changes may be incorporated directly into the output of the Insured's previously approved form at time of printing.

- **6. Preventive Benefits:**
The PPACA specifies coverage requirements for preventive benefits [when a [Participating Provider][network provider] provides the preventive services]. Cost-sharing requirements, such as Your responsibility for paying deductibles, coinsurance and co-payments, will not be required for these preventive benefits [when You use a [Participating Provider][network provider]].

You will still be responsible for any amount that exceeds the Maximum Allowable Amount or Covered Charge as defined in Your plan. [Preventive benefits are available only when You use a [Participating Provider][network provider]].

Explanation: The variable phrases may print on plans with a PPO/network when in-network preventive services are covered differently than out-of-network coverage.

"Participating Provider" and "Non-Participating Provider" prints on PPO plans that use the defined term Participating Provider. "Network provider" and "non-network provider" prints on all other network plans.

- **6. Preventive Benefits:**

[Benefits for such preventive services will be provided for policy years that begin on or after the date that is one year after the date the recommendation or guideline is issued.]

Explanation: The variable phrase may print on plans which require the recommendation be in effect for a year before it is covered.

- **9. Emergency Services:**

Covered emergency services will be provided without the requirement for prior authorization[, without regard to whether the provider is a [Participating Provider][network provider], and without imposing upon services provided out-of-network any requirement or limitation on coverage more restrictive than [Participating Provider][in-network] requirements or limitations].

[Any copayment amount or coinsurance rate for emergency services provided out-of-network cannot exceed the [Participating Provider][in-network] copayment amount and coinsurance rate.]

Explanation: The variable phrases are designed for use with plans with a PPO/network. "Participating Provider" prints on PPO plans that use the defined term Participating Provider. "Network provider" and "in-network" prints on all other network plans.

- **9. Emergency Services:**

Other applicable plan provisions still apply to Emergency Services, including but not limited to those relating to cost-sharing, exclusions, coordination of benefits, [Maximum Allowable Amount limitations][and][reasonable and customary charge reductions] and affiliation or waiting periods.

Explanation: The variable text prints on plans that use maximum allowable amount and/or UCR reductions.

- [10. The following changes are made to maximum benefit limitations that may appear on Your Benefit [Summary] [Schedule] regarding essential health benefits.

[The Maximum Lifetime Benefit is amended and restated as:

[[MAXIMUM] LIFETIME BENEFIT [for each Covered Person]	[NO MAXIMUM][NO MAX]]]
--	---------------------------

Explanation: The appropriate language may be used with a corresponding plan to illustrate removal of the lifetime maximum. "Maximum" may be placed to reference "Maximum Lifetime Benefit" or "Lifetime Maximum Benefit" in accordance with existing plan language. Either "Summary" or "Schedule" will print depending upon the plan document.

Please note that the FILER'S NOTE text will not print in the final version issued to insureds.

- This rider is effective on the Effective Date of the Certificate to which it is attached[, or the Endorsement Date if later].

[Endorsement Date: [xx/xx/xxxx]]

Explanation: The variable phrases prints on transitional plans as the PPACA requirements will be effective 1/1/2011, not the plan's Effective Date.

- [insert signature]
Secretary

Explanation: The current Secretary's signature will print.

- [insert signature]
President

Explanation: The current President's signature will print.

PPACA Uniform Compliance Summary

Please select the appropriate check box below to indicate which product is amended by this filing.

☐ **INDIVIDUAL HEALTH BENEFIT PLANS** (Complete [SECTION A](#) only)

☒ **SMALL / LARGE GROUP HEALTH BENEFIT PLANS** (Complete [SECTION B](#) only)

This form filing compliance summary is to be submitted with your [endorsement][contract] to comply with the immediate market reform requirements of the Patient Protection and Affordable Care Act (PPACA). These PPACA requirements apply only to policies for health insurance coverage referred to as “major medical” in the statute, which is comprehensive health coverage that includes PPO and HMO coverage. This form includes the requirements for grandfathered (coverage in effect prior to March 23, 2010) and non-grandfathered plans, and relevant statutes. Refer to the relevant statute to ensure compliance. Complete each item to confirm that diligent consideration has been given to each. *(If submitting your filings electronically, bookmark the provision(s) in the form(s) that satisfy the requirement and identify the page/paragraph on this form.)*

***For all filings, include the Type of Insurance (TOI) in the first column.**

☐ Check box if this is a paper filing.

COMPANY INFORMATION

Company Name	NAIC Number	SERFF Tracking Number(s) *if applicable	Form Number(s) of Policy being endorsed	Rate Impact
Time Insurance Company	0019-69477	ASWX-G126812073	TGM.POL.AR, C99.100.SIG.ZZ	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19	<i>[Sections 2704 and 1255 of the PHSA/Section 1201 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Annual Dollar Limits on Essential Benefits Except allows for “restricted” annual dollar limits for essential benefits for plan years prior to January 1, 2014.	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Lifetime Dollar Limits on Essential Benefits	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Prohibit Rescissions – Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Preventive Services – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services. Explanation: Page Number:	<i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Extends Dependent Coverage for Children Until age 26 – If a policy offers dependent coverage, it must include dependent coverage until age 26. Explanation: Page Number:	<i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Appeals Process – Requires establishment of an internal claims appeal process and external review process. Explanation: Page Number:	<i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Emergency Services – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level. Explanation: Page Number:	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Access to Pediatricians – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child’s PCP if the provider is in-network.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Access to OB/GYNs – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)				
TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
H16G	Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19	<i>[Sections 2704 of the PHSA/Section 1201 of the PPACA]</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number: 29805.XX page 2 & 29807.XX page 2			
H16G	Eliminate Annual Dollar Limits on Essential Benefits – Except allows for “restricted” annual dollar limits for essential benefits for plan years prior to January 1, 2014.	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number: 29805.XX page 2 & 29807.XX page 2			
H16G	Eliminate Lifetime Dollar Limits on Essential Benefits	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number: 29805.XX page 1 & 29807.XX page 2			
H16G	Prohibit Rescissions – Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number: 29805.XX page 1 & 29807.XX page 2			

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
H16G	Preventive Services – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services	<i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number: 29807.XX page 2			
H16G	Extends Dependent Coverage for Children Until age 26 – If a policy offers dependent coverage, it must include dependent coverage until age 26. ◇	<i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i>	<input checked="" type="checkbox"/> Yes • <input type="checkbox"/> No If no , please explain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number: 29805.XX page 1 & 29807.XX page 2			
H16G	Appeals Process – Requires establishment of an internal claims appeal process and external review process.	<i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number: 29807.XX page 3			

- For plan years beginning before January 1, 2010, grandfathered group plans are not required to extend coverage to a child until the age of 26 if such child is eligible to enroll in another employee-sponsored plan

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
H16G	Emergency Services – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number: 29807.XX page 3			
H16G	Access to Pediatricians – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child's PCP if the provider is in-network.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number: 29807.XX page 3			
H16G	Access to OB/GYNs – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number: 29807.XX page 3			